Case 19-02329-lmj13 Doc 8 Filed 10/25/19 Entered 10/25/19 18:23:13 Desc Main

		Docum		
Fill in this infor	mation to identify your	case:		
Debtor 1	Brenda Sue Laue	r-Bursch		
	First Name	Middle Name	Last Name	
Debtor 2				
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States Bankruptcy Court for the:		SOUTHERN DISTRICT	OF IOWA	
Case number	19-02329			
(if known)				Check if this is an amended filing

### Official Form 106Sum

#### **Summary of Your Assets and Liabilities and Certain Statistical Information**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

		Your a	ssets of what you own
1.	Schedule A/B: Property (Official Form 106A/B)  1a. Copy line 55, Total real estate, from Schedule A/B	\$	228,000.00
	1b. Copy line 62, Total personal property, from Schedule A/B	\$	123,139.0
	1c. Copy line 63, Total of all property on Schedule A/B	\$	351,139.0
Pai	t 2: Summarize Your Liabilities		
			i <b>abilities</b> It you owe
2.	Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D)  2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D	\$	209,034.00
3.	Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F)  3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F	\$	2,582.0
	3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F	\$	996.00
	Your total liabilities	\$	212,612.00
Pai	t 3: Summarize Your Income and Expenses		
1.	Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I	\$	3,537.00
5.	Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J	\$	2,812.0
Pa:	t 4: Answer These Questions for Administrative and Statistical Records		
6.	Are you filing for bankruptcy under Chapters 7, 11, or 13?  No. You have nothing to report on this part of the form. Check this box and submit this form to the court with you	ır other sc	hedules.
	■ Yes		

household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.

Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

Case 19-02329-lmj13 Desc Main Doc 8 Filed 10/25/19 Entered 10/25/19 18:23:13 Page 2 of 34 Case number (if known)  $\underline{ 19-02329}$ Document

Debtor 1 Brenda Sue Lauer-Bursch

From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14.

5,610.00 \$

Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

	Total cla	iim
From Part 4 on Schedule E/F, copy the following:		
9a. Domestic support obligations (Copy line 6a.)	\$	0.00
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$	2,582.00
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$	0.00
9d. Student loans. (Copy line 6f.)	\$	0.00
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$	0.00
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$	0.00
9g. <b>Total.</b> Add lines 9a through 9f.	\$	2,582.00

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Ous	C 13 02023 II	11,10 0000	Documen	t Page 3 of 34		5 Deservian
Fill in this info	ormation to identify	your case and th	nis filing:			
Debtor 1	Brenda Sue	Lauer-Bursch				
D - l- 1 0	First Name	Middle	e Name	Last Name		
Debtor 2 (Spouse, if filing)	First Name	Middle	e Name	Last Name		
United States I	Bankruptcy Court for	r the: SOUTHER	N DISTRICT OF I	IOWA		
	zaaptoy countro					
Case number	19-02329					Check if this is an amended filing
						Ŭ
Official F	orm 106A/E	3				
	ile A/B: P	_				12/15
n each category hink it fits best. nformation. If m unswer every qu	, separately list and on Be as complete and ore space is needed, sestion.	describe items. List accurate as possibl attach a separate s	le. If two married pe heet to this form. O	. If an asset fits in more than one eople are filing together, both are on the top of any additional pages	equally responsible	for supplying correct
Part 1: Describ	oe Each Residence, B	Building, Land, or Ot	her Real Estate Yo	u Own or Have an Interest In		
. Do you own o	or have any legal or e	quitable interest in a	ny residence, build	ding, land, or similar property?		
☐ No. Go to F	Part 2.					
Yes. Wher	e is the property?					
1.1			What is the pro	perty? Check all that apply		
	mmins Pkwy ss, if available, or other de	scription		mily home		red claims or exemptions. Put secured claims on Schedule D:
		,	ш .	r multi-unit building nium or cooperative		e Claims Secured by Property.
				mam or cooperative		
			■ Manufact	tured or mobile home	Current value of th	e Current value of the
Des Moi		50311-0000	Land		entire property?	portion you own?
City	State	ZIP Code	☐ Investme	nt property re	\$228,000.	.00 \$228,000.00
			☐ Other			e of your ownership interest e, tenancy by the entireties, or
			Who has an inte	erest in the property? Check one	à life estate), if kno	own.
ъ. п			Debtor 1	•	Fee simple	
Polk			Debtor 2	•		
County			_	and Debtor 2 only		s community property
				one of the debtors and another	(see instructions)	
				on you wish to add about this ite ication number:	m, such as local	
			Lot 87 (exce	ept the West 205 feet) in Breed in and forming a part of	•	• •
			County, low	<u> </u>	•	•
			property acc	quired in November 2000		
	ollar value of the p			ies from Part 1, including any	entries for	\$228,000.00

Part 2: Describe Your Vehicles

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases.

pages you have attached for Part 1. Write that number here.....=>

Official Form 106A/B Schedule A/B: Property page 1 Case 19-02329-lmj13 Doc 8 Filed 10/25/19 Entered 10/25/19 18:23:13 Desc Main Document Page 4 of 34

Case number (if known) 19-02329 Debtor 1 **Brenda Sue Lauer-Bursch** 3. Cars, vans, trucks, tractors, sport utility vehicles, motorcycles Yes **Ford** Do not deduct secured claims or exemptions. Put Make: Who has an interest in the property? Check one the amount of any secured claims on Schedule D: **Escape** Creditors Who Have Claims Secured by Property. Model: Debtor 1 only 2010 Year: Debtor 2 only Current value of the Current value of the Approximate mileage: 120,000 entire property? portion you own? Debtor 1 and Debtor 2 only Other information: ☐ At least one of the debtors and another \$7,400.00 \$7,400.00 ☐ Check if this is community property (see instructions) Do not deduct secured claims or exemptions. Put Jeep 3.2 Make: Who has an interest in the property? Check one the amount of any secured claims on Schedule D: Compass Creditors Who Have Claims Secured by Property. Model: ■ Debtor 1 only 2010 Debtor 2 only Current value of the Current value of the Approximate mileage: Debtor 1 and Debtor 2 only entire property? portion you own? Other information: ☐ At least one of the debtors and another \$9,100.00 \$9,100,00 ☐ Check if this is community property (see instructions) 4. Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories ■ No ☐ Yes 5 Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for \$16.500.00 pages you have attached for Part 2. Write that number here......>> Part 3: Describe Your Personal and Household Items Do you own or have any legal or equitable interest in any of the following items? Current value of the portion you own? Do not deduct secured claims or exemptions. 6. Household goods and furnishings Examples: Major appliances, furniture, linens, china, kitchenware ☐ No Yes. Describe..... \$2,010.00 Household goods & furnishings (incl electronics) 7. Electronics Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games ■ No ☐ Yes. Describe..... 8. Collectibles of value Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles No ☐ Yes. Describe.....

Official Form 106A/B Schedule A/B: Property page 2

Case 19-02329-lmj13 Doc 8 Filed 10/25/19 Entered 10/25/19 18:23:13 Page 5 of 34 Document Case number (if known) 19-02329 Debtor 1 **Brenda Sue Lauer-Bursch** 9. Equipment for sports and hobbies Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments ■ No ☐ Yes. Describe..... 10. Firearms Examples: Pistols, rifles, shotguns, ammunition, and related equipment ☐ Yes. Describe..... 11. Clothes Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories ☐ No Yes. Describe..... \$200.00 wardrobe 12. Jewelry Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver ☐ Yes. Describe..... 13. Non-farm animals Examples: Dogs, cats, birds, horses ☐ No Yes. Describe..... \$0.00 2 dogs 14. Any other personal and household items you did not already list, including any health aids you did not list ■ No ☐ Yes. Give specific information..... 15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached \$2,210.00 for Part 3. Write that number here ..... Part 4: Describe Your Financial Assets Do you own or have any legal or equitable interest in any of the following? Current value of the

portion you own? Do not deduct secured claims or exemptions.

16. Cash

Examples: Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition

No

☐ Yes.....

17. Deposits of money

Examples: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each.

□ No

Institution name: Yes.....

17.1. Checking

Wells Fargo

\$600.00

Case 19-02329-lmj13 Doc 8 Filed 10/25/19 Entered 10/25/19 18:23:13 Desc Main Document Page 6 of 34 Case number (if known) 19-02329 Debtor 1 **Brenda Sue Lauer-Bursch** 18. Bonds, mutual funds, or publicly traded stocks Examples: Bond funds, investment accounts with brokerage firms, money market accounts □ No Institution or issuer name: ■ Yes..... **Putnam Growth Opportunities A Fund** \$857.00 19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture ■ No ☐ Yes. Give specific information about them..... Name of entity: % of ownership: 20. Government and corporate bonds and other negotiable and non-negotiable instruments Negotiable instruments include personal checks, cashiers' checks, promissory notes, and money orders. Non-negotiable instruments are those you cannot transfer to someone by signing or delivering them. ■ No ☐ Yes. Give specific information about them Issuer name: 21. Retirement or pension accounts Examples: Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans □ No Yes. List each account separately. Type of account: Institution name: 401 K & Cash Balance Wells Fargo \$102.972.00 Plan 22. Security deposits and prepayments Your share of all unused deposits you have made so that you may continue service or use from a company Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others No Institution name or individual: ☐ Yes. ..... 23. Annuities (A contract for a periodic payment of money to you, either for life or for a number of years) No Issuer name and description. ☐ Yes..... 24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program. 26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1). ■ No Institution name and description. Separately file the records of any interests.11 U.S.C. § 521(c): ☐ Yes..... 25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit No ☐ Yes. Give specific information about them...

26. Patents, copyrights, trademarks, trade secrets, and other intellectual property

Examples: Internet domain names, websites, proceeds from royalties and licensing agreements

■ No

☐ Yes. Give specific information about them...

27. Licenses, franchises, and other general intangibles

Examples: Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses

No

☐ Yes. Give specific information about them...

Money or property owed to you?

Current value of the portion you own? Do not deduct secured claims or exemptions.

Official Form 106A/B Schedule A/B: Property page 4

Filed 10/25/19 Entered 10/25/19 18:23:13 Case 19-02329-lmj13 Doc 8 Desc Main Document Page 7 of 34 Case number (if known) 19-02329 Debtor 1 **Brenda Sue Lauer-Bursch** 28. Tax refunds owed to you ■ No ☐ Yes. Give specific information about them, including whether you already filed the returns and the tax years...... 29. Family support Examples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement ☐ Yes. Give specific information..... 30. Other amounts someone owes you Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else □ No Yes. Give specific information.. Unknown accrued wages & disposable earnings 31. Interests in insurance policies Examples: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance ☐ Yes. Name the insurance company of each policy and list its value. Surrender or refund Beneficiary: Company name: value: 32. Any interest in property that is due you from someone who has died If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died. ■ No ☐ Yes. Give specific information.. 33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment Examples: Accidents, employment disputes, insurance claims, or rights to sue ■ No ☐ Yes. Describe each claim....... 34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims ■ No ☐ Yes. Describe each claim....... 35. Any financial assets you did not already list ■ No ☐ Yes. Give specific information.. 36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached \$104,429.00 for Part 4. Write that number here..... Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1. 37. Do you own or have any legal or equitable interest in any business-related property? No. Go to Part 6. ☐ Yes. Go to line 38. Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In. If you own or have an interest in farmland, list it in Part 1.

☐ Yes. Go to line 47.

Official Form 106A/B Schedule A/B: Property

46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property?

No. Go to Part 7.

page 5

Case 19-02329-lmj13 Doc 8 Filed 10/25/19 Entered 10/25/19 18:23:13 Desc Main

Debtor 1 Brenda Sue Lauer-Bursch Document Page 8 of 34 Case number (if known) 19-02329

Part 7: Describe All Property You Own or Have an Interest in That You Did Not List Above 53. Do you have other property of any kind you did not already list? Examples: Season tickets, country club membership ☐ Yes. Give specific information....... 54. Add the dollar value of all of your entries from Part 7. Write that number here ...... \$0.00 List the Totals of Each Part of this Form 55. Part 1: Total real estate, line 2 \$228,000.00 Part 2: Total vehicles, line 5 56. \$16,500.00 57. Part 3: Total personal and household items, line 15 \$2,210.00 58. Part 4: Total financial assets, line 36 \$104,429.00 Part 5: Total business-related property, line 45 \$0.00 Part 6: Total farm- and fishing-related property, line 52 \$0.00 Part 7: Total other property not listed, line 54 \$0.00 Total personal property. Add lines 56 through 61... \$123,139.00 Copy personal property total \$123,139.00 63. Total of all property on Schedule A/B. Add line 55 + line 62 \$351,139.00

Official Form 106A/B Schedule A/B: Property page 6

Fill in this inforn					
Debtor 1	Brenda Sue Laue	r-Bursch			
	First Name	Middle Name	Last Name		
Debtor 2					
(Spouse if, filing)	First Name	Middle Name	Last Name		
United States Bankruptcy Court for the:		SOUTHERN DISTRICT	OF IOWA		
Case number 1	19-02329				
(if known)					☐ Check if this is an
					amended filing

### Official Form 106C

Part 1: Identify the Property You Claim as Exempt

## Schedule C: The Property You Claim as Exempt

1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.

4/19

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

		•	-		
	■ You are claiming state and federal nonban	kruptcy exemptions.	11 U.S	S.C. § 522(b)(3)	
	☐ You are claiming federal exemptions. 11 t	J.S.C. § 522(b)(2)			
2.	For any property you list on Schedule A/B	that you claim as exe	empt,	fill in the information below.	
	Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own	Am	ount of the exemption you claim	Specific laws that allow exemption
		Copy the value from Schedule A/B	Check only one box for each exemption.		
	1134 Cummins Pkwy Des Moines, IA 50311 Polk County Lot 87 (except the West 205 feet) in Brookline Heights, an official plat, now included in and forming a part of the City of Des Moines, Polk County, Iowa;	\$228,000.00		\$35,515.00  100% of fair market value, up to any applicable statutory limit	lowa Code §§ 561.2, 561.16, 499A.18
	property acquired in November 2000 Line from <i>Schedule A/B</i> : 1.1				
	Household goods & furnishings (incl electronics)	\$2,010.00		\$2,010.00	lowa Code § 627.6(5)
	Line from Schedule A/B: 6.1			100% of fair market value, up to	

any applicable statutory limit

100% of fair market value, up to any applicable statutory limit

100% of fair market value, up to any applicable statutory limit

\$200.00

75%

Official	Form	106C

wardrobe

Line from Schedule A/B: 11.1

**Checking: Wells Fargo** 

Line from Schedule A/B: 17.1

\$200.00

\$600.00

lowa Code § 627.6(5)

Iowa Code §§ 642.21,

537.5105

De	biol i brellua Sue Lauer-Bursch				19-02329	
	Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own	Amo	ount of the exemption you claim	Specific laws that allow exemption	
		Copy the value from Schedule A/B	Che	ck only one box for each exemption.		
	Checking: Wells Fargo Line from Schedule A/B: 17.1	\$600.00		\$150.00	lowa Code § 627.6(10)	
	Zino nom osnosalo 772. TTT			100% of fair market value, up to any applicable statutory limit		
	Putnam Growth Opportunities A	\$857.00		\$857.00	lowa Code § 627.6(14)	
	Line from Schedule A/B: 18.1			100% of fair market value, up to any applicable statutory limit		
	401 K & Cash Balance Plan: Wells Fargo	\$102,972.00		\$102,972.00	lowa Code § 627.6(8)(e) & (f)	
	Line from Schedule A/B: 21.1			100% of fair market value, up to any applicable statutory limit		
	accrued wages & disposable earnings	Unknown		75%	lowa Code §§ 642.21, 537.5105	
	Line from Schedule A/B: 30.1			100% of fair market value, up to any applicable statutory limit	337.07.00	
3.	Are you claiming a homestead exemption (Subject to adjustment on 4/01/22 and every			led on or after the date of adjustmer	nt.)	
	No					
	☐ Yes. Did you acquire the property cover	ed by the exemption wi	ithin 1	,215 days before you filed this case	?	
	□ No					
	☐ Yes					

Case	19-02329-111111		ae 11	neu 10/25/19 . nf 34	16.23.13 Des	Civiaiii	
Fill in this inform	nation to identify you		10. 11	01-0-1			
Debtor 1	Brenda Sue Lau	uer-Bursch					
	First Name	Middle Name Last N	Name				
Debtor 2 (Spouse if, filing)	First Name	Middle Name Last N	Vame				
United States Bar	nkruptcy Court for the	SOUTHERN DISTRICT OF IOWA					
	9-02329						
(if known)						if this is an	
					ameno	led filing	
Official Form	106D						
		Mile a lilavia Olatina Cara		L D			
Schedule	D: Creditors	Who Have Claims Sec	:urea	by Property	y	12/15	
number (if known).	Additional Page, fill it	out, number the entries, and attach it to this y your property?	form. On t	the top of any addition	nal pages, write your na	me and case	
☐ No. Check	this box and submit t	his form to the court with your other sched	lules. You	ı have nothing else t	o report on this form.		
Yes. Fill in	all of the information	below.					
Part 1: List Al	I Secured Claims						
<u> </u>		more than one secured claim, list the creditor se	enarately	Column A	Column B	Column C	
for each claim. If me	ore than one creditor has	s a particular claim, list the other creditors in Par cal order according to the creditor's name.		Amount of claim Do not deduct the value of collateral.	Value of collateral that supports this claim	Unsecured portion If any	
2.1 Consumer	Portfolio			¢0.070.00	<b>\$0.400.00</b>	<b>#0.00</b>	
Services		Describe the property that secures the clai	<del>im:</del> –	\$9,078.00	\$9,100.00	\$0.00	
Creditor's Name		2010 Jeep Compass					
	overy Dept						
Attn Bank PO Box 57		As of the date you file, the claim is: Check at	ll that				
Irvine, CA		apply.  Contingent					
	City, State & Zip Code	☐ Unliquidated					
, , , , , , , , , , , , , , , , , , , ,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	☐ Disputed					
Who owes the de	bt? Check one.	Nature of lien. Check all that apply.					
Debtor 1 only		☐ An agreement you made (such as mortgage	ge or secui	red			
Debtor 2 only		car loan)					
Debtor 1 and De	btor 2 only	☐ Statutory lien (such as tax lien, mechanic's	s lien)				
☐ At least one of th	e debtors and another	☐ Judgment lien from a lawsuit					
☐ Check if this cla	☐ Check if this claim relates to a ☐ Other (including a right to offset) ☐ Security Agreement						

August 19, Date debt was incurred 2016

community debt

Other (including a right to offset)

Last 4 digits of account number

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Debt	tor 1 Brenda Sue Lauer-Burs		Case number (if known)	19-02329	9-02329		
	First Name Middle N	lame Last Name					
2.2	Selene Finance	Describe the property that secures the claim:	\$192,485.00	\$228,000.00	\$0.00		
	Creditor's Name	1134 Cummins Pkwy Des Moines, IA 50311 Polk County Lot 87 (except the West 205 feet) in Brookline Heights, an official plat, now included in and forming a part of the City of Des Moines, Polk County, Iowa;					
		property acquired in November  As of the date you file, the claim is: Check all that					
	PO Box 421517 Houston, TX 77242	apply.  Contingent					
	Number, Street, City, State & Zip Code	☐ Unliquidated					
		☐ Disputed					
_	owes the debt? Check one.	Nature of lien. Check all that apply.					
	ebtor 1 only	☐ An agreement you made (such as mortgage or scar loan)	secured				
	ebtor 2 only	_					
	ebtor 1 and Debtor 2 only	☐ Statutory lien (such as tax lien, mechanic's lien)					
	t least one of the debtors and another	Judgment lien from a lawsuit	_				
	heck if this claim relates to a community debt	Other (including a right to offset) Mortgage	<b>,</b>				
Date	debt was incurred 2007	Last 4 digits of account number 5429	9				
2.3	Wells Fargo Dealer Services	Describe the property that secures the claim:	\$7,471.00	\$7,400.00	\$71.00		
	Creditor's Name	2010 Ford Escape 120,000 miles					
		2010 1 014 2004po 120,000 1111100					
	MAC T9017-026	As of the date you file, the claim is: Check all that					
	PO Box 168048	apply.					
	Irving, TX 75016	Contingent					
	Number, Street, City, State & Zip Code	Unliquidated					
\A/l	awaa tha dahta ay	Disputed					
_	owes the debt? Check one.	Nature of lien. Check all that apply.					
	ebtor 1 only	☐ An agreement you made (such as mortgage or s car loan)	securea				
	ebtor 2 only	_					
	ebtor 1 and Debtor 2 only	Statutory lien (such as tax lien, mechanic's lien)					
_	t least one of the debtors and another	Judgment lien from a lawsuit	Agraamant				
	heck if this claim relates to a community debt	Other (including a right to offset)	Agreement				
	August 3,	a= 44					
Date	debt was incurred 2016	Last 4 digits of account number 3748	<u> </u>				
	-	column A on this page. Write that number here:	\$209,034	.00			
	his is the last page of your form, add ite that number here:	the dollar value totals from all pages.	\$209,034	.00			

#### Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

Debto	or 1 Brenda Sue Lauer-Bursch				Case number (if known)	19-02329
		First Name	Middle Name	Last Name		
	Be Att	ne, Number, Street, City, njamin Hopkins torney at Law 50 N.W. 138th St. S ve, IA 50325	·		On which line in Part 1 did you enter Last 4 digits of account number	er the creditor? 2.2
	NC 14	ne, Number, Street, City, CCI Orchard Rd, Suite ke Forest, CA 926	± 100		On which line in Part 1 did you enter Last 4 digits of account number	<del></del>

	Case 19-02329-111113 D	Docume Docume		of 34	.23.13 Des	Civialli
Fill in th	nis information to identify your case:					
Debtor 1	Brenda Sue Lauer-Bu	sch				
	First Name	Middle Name	Last Name			
Debtor 2 (Spouse if,		Middle Name	Last Name			
	, G,					
United S	States Bankruptcy Court for the: SO	JTHERN DISTRICT	OF IOWA			
Case nu	ımber <b>19-02329</b>					
(if known)		<del></del>			☐ Check	if this is an
					amend	ed filing
Officia	al Form 106E/F					
	dule E/F: Creditors Who	Have Unseci	ured Claims			12/15
any exect Schedule Schedule left. Attac name and	nplete and accurate as possible. Use Part utory contracts or unexpired leases that c G: Executory Contracts and Unexpired L D: Creditors Who Have Claims Secured b th the Continuation Page to this page. If yeld case number (if known).	ould result in a claim eases (Official Form 1 y Property. If more sp ou have no informatic	<ul> <li>Also list executory cont 106G). Do not include any pace is needed, copy the l</li> </ul>	racts on Schedule A/B: F creditors with partially s Part you need, fill it out,	Property (Official For secured claims that a number the entries i	m 106A/B) and on are listed in a the boxes on the
Part 1:	List All of Your PRIORITY Unsecu					
	ny creditors have priority unsecured clair lo. Go to Part 2.	ns against you?				
■ Y						
ident poss Part	all of your priority unsecured claims. If a clify what type of claim it is. If a claim has both ible, list the claims in alphabetical order accordance than one creditor holds a particula an explanation of each type of claim, see the	priority and nonpriority ording to the creditor's r claim, list the other cr	y amounts, list that claim he name. If you have more that editors in Part 3.	re and show both priority a n two priority unsecured cl	nd nonpriority amoun aims, fill out the Contil	ts. As much as nuation Page of Nonpriority
2.1	Internal Revenue Service	Last 4 digits of	f account number	\$2,582.00	amount \$2,582.00	amount \$0.00
	Priority Creditor's Name			ΨΣ,302.00	Ψ2,302.00	Ψ0.00
	PO Box 7346	When was the	debt incurred?		-	
	Philadelphia, PA 19101-7346 Number Street City State Zip Code	As of the date	you file, the claim is: Che	ck all that apply		
Wh	o incurred the debt? Check one.	☐ Contingent				
	Debtor 1 only	☐ Unliquidated	d			
	Debtor 2 only	☐ Disputed				
	Debtor 1 and Debtor 2 only	Type of PRIOR	RITY unsecured claim:			
	At least one of the debtors and another	☐ Domestic su	upport obligations			
	Check if this claim is for a community de	bt Taxes and o	certain other debts you owe	the government		
	he claim subject to offset?	☐ Claims for d	leath or personal injury while	e you were intoxicated		
		Other. Spec				
	Yes		2018 1040			
Part 2:	List All of Your NONPRIORITY Un	secured Claims				
3. Do a	ny creditors have nonpriority unsecured	claims against you?				
	lo. You have nothing to report in this part. Su	bmit this form to the co	ourt with your other schedule	es.		
■ Y	es.					
unse	all of your nonpriority unsecured claims is cured claim, list the creditor separately for ea one creditor holds a particular claim, list the	ach claim. For each cla	im listed, identify what type	of claim it is. Do not list cla	aims already included	in Part 1. If more

Total claim

Part 2.

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Debto	Brenda Sue Lauer-Bursch	Case number (if known) 19-02329	
4.1	Kohls	Last 4 digits of account number	\$171.00
	Nonpriority Creditor's Name		<b>VIII.100</b>
	PO Box 2983	When was the debt incurred?	
	Milwaukee, WI 53201	As of the date were file the plains in Observal, all that seek.	
	Number Street City State Zip Code  Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	Debtor 1 only	Пол	
		☐ Contingent	
	☐ Debtor 2 only	☐ Unliquidated	
	Debtor 1 and Debtor 2 only	☐ Disputed	
	At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	☐ Debts to pension or profit-sharing plans, and other similar debts	
	Yes	■ Other Specify Credit card purchases	
4.2	LifeDeint Dental Crown	Last 4 digits of account number	\$76E 00
4.2	LifePoint Dental Group  Nonpriority Creditor's Name	Last 4 digits of account number	\$765.00
	C/O Abbott, Osborn, Van Vliet	When was the debt incurred?	
	974 73rd St Suite 20		
	Windsor Heights, IA 50324  Number Street City State Zip Code	As of the date you file the claim is: Check all that apply	
	Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	■ Debtor 1 only	☐ Contingent	
	Debtor 2 only	_	
	<u> </u>	☐ Unliquidated	
	Debtor 1 and Debtor 2 only	☐ Disputed  Type of NONPRIORITY unsecured claim:	
	At least one of the debtors and another	Student loans	
	☐ Check if this claim is for a community debt	☐ Obligations arising out of a separation agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims	
	■ No	☐ Debts to pension or profit-sharing plans, and other similar debts	
	Yes	■ Other. Specify dental services	
4.3	TruGreen	Last 4 digits of account number	\$60.00
4.5	Nonpriority Creditor's Name		\$60.00
	C/O Transworld Systems	When was the debt incurred?	
	500 Virginia Dr Suite 514		
	Fort Washington, PA 19034  Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.	As of the date you me, the claim is. Check all that apply	
	■ Debtor 1 only	☐ Contingent	
	☐ Debtor 2 only	☐ Unliquidated	
	Debtor 1 and Debtor 2 only	☐ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt	☐ Obligations arising out of a separation agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims	
	■ No	$\square$ Debts to pension or profit-sharing plans, and other similar debts	
	☐ Yes	■ Other. Specify lawncare	

#### Part 3: List Others to Be Notified About a Debt That You Already Listed

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

Name and Address

On which entry in Part 1 or Part 2 did you list the original creditor?

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Debtor 1 Brenda Sue Lauer-Bursch	Boodinent	Case number (if known)	19-02329				
Internal Revenue Service Insolvency Unit 210 Walnut St Stop 5301 Des Moines, IA 50309	Line 2.1 of (Check one):	■ Part 1: Creditors with Prior □ Part 2: Creditors with None	•				
,,	Last 4 digits of account number						
Name and Address	On which entry in Part 1 or F	Part 2 did you list the original creditor?					
U.S. Attorney	Line <b>2.1</b> of (Check one):	■ Part 1: Creditors with Prior	rity Unsecured Claims				
110 E Court Ave Rm 286 Des Moines, IA 50309		☐ Part 2: Creditors with Nonp	priority Unsecured Claims				
Des Monies, IA 30309	Last 4 digits of account num	Last 4 digits of account number					

#### Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

				T	otal Claim
	6a.	Domestic support obligations	6a.	\$	0.00
Total Blaims					
rom Part 1	6b.	Taxes and certain other debts you owe the government	6b.	\$	2,582.00
	6c.	Claims for death or personal injury while you were intoxicated	6c.	\$	0.00
	6d.	Other. Add all other priority unsecured claims. Write that amount here.	6d.	\$	0.00
	6e.	Total Priority. Add lines 6a through 6d.	6e.	\$	2,582.00
				T	otal Claim
	6f.	Student loans	6f.	\$	0.00
otal laims					
om Part 2	6g.	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g.	\$	0.00
	6h.	Debts to pension or profit-sharing plans, and other similar debts	6h.	\$	0.00
	6i.	<b>Other.</b> Add all other nonpriority unsecured claims. Write that amount here.	6i.	\$	996.00
	6j.	Total Nonpriority. Add lines 6f through 6i.	6j.	\$	996.00

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Fill in this infor	mation to identify your	case:		
Debtor 1	Brenda Sue Laue	r-Bursch		
	First Name	Middle Name	Last Name	
Debtor 2				
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States Bankruptcy Court for the:		SOUTHERN DISTRICT	OF IOWA	
Case number	19-02329			
(if known)				☐ Check if this amended fili

#### Official Form 106G

### **Schedule G: Executory Contracts and Unexpired Leases**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
  - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
  - ☐ Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

	Person or	company with Name, Number,	whom you have the Street, City, State and ZIP	e contract or lease Code	State what the contract or lease is for
2.1					
-	Name				
-	Number	Street			_
	City		State	ZIP Code	<del>_</del>
2.2					
	Name				
-	Number	Street			_
-	City		State	ZIP Code	_
2.3	Oity		Otate	Zii Gode	
_	Name				
=	Number	Street			<u> </u>
-	City		State	ZIP Code	<del></del>
2.4	•				
-	Name				_
-	Number	Street			_
-	City		State	ZIP Code	<del>_</del>
2.5					
_	Name				
-	Number	Street			
-	City		State	ZIP Code	_

	•	Docume	ent Page 18 d	of 34	
Fill in this	s information to identify your	r case:			
Debtor 1	Brenda Sue Lau	er-Bursch			
Dahtano	First Name	Middle Name	Last Name		
Debtor 2 (Spouse if, fil	ing) First Name	Middle Name	Last Name		
United Sta	ates Bankruptcy Court for the:	SOUTHERN DISTRICT	OF IOWA		
Case num	nber <b>19-02329</b>				
(if known)	19-02323				check if this is an
				a	mended filing
Officia	ll Form 106H				
		labtana			
Sche	dule H: Your Cod	ieptors			12/15
your name	and number the entries in the and case number (if known you have any codebtors? (if	). Answer every question		o this page. On the top of any Add as a codebtor.	itional Pages, write
■ No					
☐ Ye					
	thin the last 8 years, have yo na, California, Idaho, Louisiana			y? (Community property states and a ington, and Wisconsin.)	territories include
	. Go to line 3. s. Did your spouse, former spo	ouse, or legal equivalent live	e with you at the time?		
in lin Form	e 2 again as a codebtor only	if that person is a guaran	tor or cosigner. Make	if your spouse is filing with you. L sure you have listed the creditor o 16G). Use Schedule D, Schedule E/	n Schedule D (Official
	Column 1: Your codebtor			Column 2: The creditor to who	om you owe the debt
	Name, Number, Street, City, State and 2	ZIP Code		Check all schedules that apply:	
3.1				☐ Schedule D, line	
	Name			☐ Schedule E/F, line	
				☐ Schedule G, line	_
	Number Street			_	
	City	State	ZIP Code		
3.2				☐ Schedule D, line	
5.4	Name			Schedule E/F, line	_
				☐ Schedule G, line	
	Number Street				
	City	State	ZIP Code		

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Fill	in this information to identify your ca	380.									
		Lauer-Bursch									
_	otor 2  puse, if filing)					_					
Uni	ted States Bankruptcy Court for the	: SOUTHERN DISTRIC	CT OF IOW	'A							
Cas	se number 19-02329						Ch	eck if this is	s:		
	nown)		-				_	An amend			
										g postpetition ollowing date:	chapter
0	fficial Form 106l							MM / DD/	YYYY		
S	chedule I: Your Inco	ome									12/1
sup spo atta	as complete and accurate as possible plying correct information. If you use. If you are separated and you ch a separate sheet to this form. On the property of the ployment the complex complex to the ployment the complex co	are married and not filing wi	ng jointly, ith you, do	and your spo not include	ouse i	s livi natio	ing wi	ith you, inc	lude inforrouse. If me	nation about ore space is	your needed,
1.	Fill in your employment information.		Debtor '	1				Debtor	2 or non-fi	iling spouse	
	If you have more than one job, attach a separate page with information about additional	F	■ Employed				☐ Employed				
		Employment status	☐ Not employed				☐ Not employed				
	employers.	Occupation	Resolu	tion Specia	list			<u> </u>			
	Include part-time, seasonal, or self-employed work.	Employer's name	Wells F	argo							
	Occupation may include student or homemaker, if it applies.	Employer's address		Jordan Crees Ses Moines,			i				
		How long employed the	here?	Novembe present	r 200	4-					
Par	t 2: Give Details About Mon	thly Income									
	mate monthly income as of the dause unless you are separated.	ate you file this form. If y	you have n	othing to repo	ort for a	any I	ine, w	rite \$0 in the	e space. In	clude your nor	n-filing
	ou or your non-filing spouse have mo e space, attach a separate sheet to		ombine the	information fo	or all e	mplo	yers f	or that pers	on on the li	ines below. If y	ou need
							For [	Debtor 1		btor 2 or ing spouse	
2.	List monthly gross wages, salad deductions). If not paid monthly, or				2.	\$		5,470.00	\$	N/A	
3.	Estimate and list monthly overti	ime pay.			3.	+\$		0.00	+\$	N/A	
4.	Calculate gross Income. Add lin	ne 2 + line 3.			4.	\$	5	,470.00	\$	N/A	

Official Form 106I Schedule I: Your Income page 1

5a. Tax, Medicare, and Social Security deductions       5a. \$ 763.00 \$ N/A         5b. Mandatory contributions for retirement plans       5b. \$ 0.00 \$ N/A         5c. Voluntary contributions for retirement plans       5c. \$ 0.00 \$ N/A         5d. Required repayments of retirement fund loans       5d. \$ 823.00 \$ N/A         5e. Insurance       5e. \$ 347.00 \$ N/A         5f. Domestic support obligations       5f. \$ 0.00 \$ N/A         5g. Union dues       5g. \$ 0.00 \$ N/A         5h. Other deductions. Specify:       5h.+ \$ 0.00 + \$ N/A         6. Add the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.       6. \$ 1,933.00 \$ N/A         7. Calculate total monthly take-home pay. Subtract line 6 from line 4.       7. \$ 3,537.00 \$ N/A	
Copy line 4 here	
5. List all payroll deductions:  5a. Tax, Medicare, and Social Security deductions  5a. S 763.00 \$ N/A  5b. Mandatory contributions for retirement plans  5c. Voluntary contributions for retirement plans  5c. Voluntary contributions for retirement plans  5c. \$ 0.00 \$ N/A  5c. Voluntary contributions for retirement fund loans  5d. \$ 823.00 \$ N/A  5e. Insurance  5e. \$ 347.00 \$ N/A  5f. Domestic support obligations  5f. \$ 0.00 \$ N/A  5g. Union dues  5h. Other deductions. Specify:  5h. Other deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.  6. Add the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.  6. Add the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.  7. Calculate total monthly take-home pay. Subtract line 6 from line 4.  7. \$ 3,537.00 \$ N/A  8a. Net income regularly received:  8a. Net income from rental property and from operating a business, profession, or farm  Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.  8b. Interest and dividends  8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.  8c. \$ 0.00 \$ N/A  8d. Unemployment compensation  8e. Social Security  8f. Other government assistance that you regularly receive include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.  Specify:  8g. Pension or retirement income	
5a. Tax, Medicare, and Social Security deductions 5b. Mandatory contributions for retirement plans 5c. Voluntary contributions for retirement plans 5c. Required repayments of retirement fund loans 5d. \$ 823.00 \$ N/A 5e. Insurance 5e. \$ 347.00 \$ N/A 5g. Union dues 5f. \$ 0.00 \$ N/A 5g. Union dues 5h. + \$ 0.00 \$ N/A 5h. Other deductions. Specify: 5h. + \$ 0.00 \$ N/A 5c. Calculate total monthly take-home pay. Subtract line 6 from line 4. 7. \$ 3,537.00 \$ N/A 5c. List all other income regularly received: 8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.  8b. Interest and dividends 8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.  8c. \$ 0.00 \$ N/A 8d. Unemployment compensation 8d. \$ 0.00 \$ N/A 8e. Social Security 8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.  Specify:  8g. Pension or retirement income  8g. \$ 0.00 \$ N/A 8g. Pension or retirement income	
Sb. Mandatory contributions for retirement plans   Sb. \$ 0.00 \$ N/A	
5c. Voluntary contributions for retirement plans 5d. Required repayments of retirement fund loans 5d. Required repayments of retirement fund loans 5d. \$823.00 \$N/A 5e. Insurance 5e. \$347.00 \$N/A 5f. Domestic support obligations 5f. \$0.00 \$N/A 5g. Union dues 5h. Other deductions. Specify: 5h. Other deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h. 6. \$1,933.00 \$N/A 6. Add the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h. 6. \$1,933.00 \$N/A 6. List all other income regularly received: 8a. Net income regularly received: 8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. 8b. Interest and dividends 8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive lnclude alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. 8c. \$0.00 \$N/A 8d. Unemployment compensation 8d. \$0.00 \$N/A 8e. Social Security 8e. Social Security 8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.  Specify:  Pension or retirement income	
5d. Required repayments of retirement fund loans 5e. Insurance 5e. Insurance 5f. Domestic support obligations 5f. 0.000 \$ N/A 5g. Union dues 5h. Other deductions. Specify: 5h. \$ 0.000 \$ N/A 5h. Other deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h. 6. \$ 1,933.00 \$ N/A 6. Calculate total monthly take-home pay. Subtract line 6 from line 4. 7. \$ 3,537.00 \$ N/A 6. List all other income regularly received: 8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. 8b. Interest and dividends 8c. Family support payments that you, a non-filling spouse, or a dependent regularly receive include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. 8d. Unemployment compensation 8e. Social Security 8f. Other government assistance that you regularly receive include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.  Specify:  8g. Pension or retirement income	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
5e. Insurance 5f. Domestic support obligations 5f. Domestic support obligations 5g. Union dues 5g. Union dues 5h. Other deductions. Specify: 5h. Add the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h. 6. \$1,933.00 \$N/A  Calculate total monthly take-home pay. Subtract line 6 from line 4. 7. \$3,537.00 \$N/A  List all other income regularly received: 8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.  8b. Interest and dividends 8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.  8c. \$0.00 \$N/A  8d. Unemployment compensation 8d. \$0.00 \$N/A  8e. Social Security 8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.  Specify:  8g. Pension or retirement income  8g. \$0.00 \$N/A  8g. Pension or retirement income	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
5f. Domestic support obligations 5g. Union dues 5g. Union dues 5h. Other deductions. Specify: 5h. Other deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h. 6. \$ 1,933.00 \$ N/A  Calculate total monthly take-home pay. Subtract line 6 from line 4. 7. \$ 3,537.00 \$ N/A  List all other income regularly received: 8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.  8b. Interest and dividends 8c. Family support payments that you, a non-filling spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.  8d. Unemployment compensation 8d. Unemployment compensation 8d. Unemployment assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.  Specify:  8g. Pension or retirement income	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
5g. Union dues 5h. Other deductions. Specify: 5h. Add the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h. 5h. Add the payroll deductions. Add lines 5a+5b+5c+5d+5e+	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
5h. Other deductions. Specify:  5h. Add the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.  6. \$ 1,933.00 \$ N/A  Calculate total monthly take-home pay. Subtract line 6 from line 4.  7. \$ 3,537.00 \$ N/A  List all other income regularly received:  8a. Net income from rental property and from operating a business, profession, or farm  Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.  8b. Interest and dividends  8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.  8d. Unemployment compensation  8e. Social Security  8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:  8g. Pension or retirement income	<u>\</u>
Add the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.  Calculate total monthly take-home pay. Subtract line 6 from line 4.  Calculate total monthly take-home pay. Subtract line 6 from line 4.  Calculate total monthly take-home pay. Subtract line 6 from line 4.  Calculate total monthly take-home pay. Subtract line 6 from line 4.  Calculate total monthly take-home pay. Subtract line 6 from line 4.  Calculate total monthly take-home pay. Subtract line 6 from line 4.  Calculate total monthly take-home pay. Subtract line 6 from line 4.  Calculate total monthly take-home pay. Subtract line 6 from line 4.  Calculate total monthly take-home pay. Subtract line 6 from line 4.  Calculate total monthly take-home pay. Subtract line 6 from line 4.  Calculate total monthly take-home pay. Subtract line 6 from line 4.  Calculate total monthly take-home pay. Subtract line 6 from line 4.  Calculate total monthly take-home pay. Subtract line 6 from line 4.  Calculate total monthly take-home pay. Subtract line 6 from line 4.  Calculate total monthly take-home pay. Subtract line 6 from line 4.  Calculate total monthly take-home pay. Subtract line 6 from line 4.  Calculate total monthly take-home pay. Subtract line 6 from line 4.  Calculate total monthly take-home pay. Subtract line 6 from line 4.  Calculate total monthly as 5.57.00 \$ N/A  Sa. Subtract line 6 from line 4.  Calculate total monthly take-home pay. Subtract line 6 from line 4.  Calculate total monthly as 5.57.00 \$ N/A  Sa. Subtract line 6 from line 4.  Calculate total monthly as 5.57.00 \$ N/A  Sa. Subtract line 6 from line 4.  Calculate for increases, and the total monthly as 5.  Calculate for increases, and the total monthly as 5.  Calculate for increases, and the total monthly as 5.  Calculate for increases, and the total monthly as 5.  Calculate for increases, and the total monthly as 5.  Calculate for increases, and the total monthly as 5.  Calculate for increases, and the total monthly as 5.  Calculate for increases, and the total monthly as 5.  Calculate f	<u> </u>
7. Calculate total monthly take-home pay. Subtract line 6 from line 4. 7. \$ 3,537.00 \$ N/A  8. List all other income regularly received:  8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.  8b. Interest and dividends  8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.  8c. \$ 0.00 \$ N/A  8d. Unemployment compensation  8d. \$ 0.00 \$ N/A  8e. Social Security  8e. \$ 0.00 \$ N/A  8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:  8g. Pension or retirement income	_
8a. Net income regularly received: 8a. Net income from rental property and from operating a business, profession, or farm  Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.  8b. Interest and dividends  8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.  8d. Unemployment compensation  8d. Unemployment compensation  8d. \$ 0.00 \$ N/A  8e. Social Security  8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.  Specify:  8g. Pension or retirement income  8g. \$ 0.00 \$ N/A  8h. \$ 0.00 \$ N/A	<u> </u>
8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.  8b. Interest and dividends  8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.  8c. \$ 0.00 \$ N/A  8d. Unemployment compensation  8d. \$ 0.00 \$ N/A  8e. Social Security  8e. \$ 0.00 \$ N/A  8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.  Specify:  8f. \$ 0.00 \$ N/A  8g. Pension or retirement income	
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8b. Interest and dividends 8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.  8c. \$ 0.00 \$ N/A  8d. Unemployment compensation 8d. \$ 0.00 \$ N/A  8e. Social Security 8e. Social Security 8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.  Specify:  8f. \$ 0.00 \$ N/A  8g. Pension or retirement income	
8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.  8c. \$ 0.00 \$ N/A  8d. Unemployment compensation  8d. \$ 0.00 \$ N/A  8e. Social Security  8e. \$ 0.00 \$ N/A  8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.  Specify:  8f. \$ 0.00 \$ N/A  8g. Pension or retirement income	
regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.  8c. \$ 0.00 \$ N/A  8d. Unemployment compensation 8d. \$ 0.00 \$ N/A  8e. Social Security 8e. \$ 0.00 \$ N/A  8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:  8f. \$ 0.00 \$ N/A  8g. Pension or retirement income	<u> </u>
8d. Unemployment compensation  8e. Social Security  8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:  8f. \$ 0.00 \$ N/A  8g. Pension or retirement income  8g. \$ 0.00 \$ N/A	
8e. Social Security  8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.  Specify:  8g. Pension or retirement income  8e. \$ 0.00  N/A	
8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:  8g. Pension or retirement income  8g. \$ 0.00 \$ N/A	_
Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.  Specify:  8g. Pension or retirement income  8g. \$ 0.00 \$ N/A	<u> </u>
8g. Pension or retirement income 8g. \$ 0.00 \$ N/A	
	_
on. Other monthly moome. Opechy.	<u>.                                    </u>
Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.  9. \$ 0.00 \$ N/.	Α
0. Calculate monthly income. Add line 7 + line 9.	3,537.0
Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	
<ol> <li>State all other regular contributions to the expenses that you list in Schedule J.         Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives.         Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify:</li></ol>	0.0
2. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income.  Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies  12.	3,537.0
	ined Ily income
3. Do you expect an increase or decrease within the year after you file this form?  ■ No.  ✓ Yes Explain:	

Fill	in this informa	tion to identify yo	our case:			1		
	otor 1	Brenda Sue		ursch		Ch	eck if this is: An amended filing	
	otor 2 ouse, if filing)						A supplement sho	owing postpetition chapter of the following date:
``			· COUT	IEDN DISTRICT OF IOW	۸			in the following date.
			: 50016	HERN DISTRICT OF IOWA	<u> </u>		MM / DD / YYYY	
1	se number 19 nown)	0-02329						
		rm 106J						
Be info nur	as complete a ormation. If m mber (if know	ore space is ne n). Answer eve	s possible eded, atta ry questio	. If two married people a ich another sheet to this				
Par 1.	t 1: Descr Is this a joir	ibe Your House it case?	ehold					
	■ No. Go to		in a separ	ate household?				
	□ N □ Y		st file Offic	ial Form 106J-2, <i>Expense</i>	s for Separate House	ehold of De	ebtor 2.	
2.	Do you have	e dependents?	□ No					
	Do not list Debtor 2.	ebtor 1 and	■ Yes.	Fill out this information for each dependent	Dependent's relat Debtor 1 or Debto		Dependent's age	Does dependent live with you?
	Do not state				decorb ( e.e.		40	□ No
	dependents	names.			daughter			_
								Yes
								□ No
								Yes
								□ No □ Yes
3.	expenses of	enses include f people other t d your depende	han $_{\square}$	No Yes				1 1 1 6 3
Est	imate your ex		our bankr	uptcy filing date unless				napter 13 case to report of the form and fill in the
the		n assistance an		government assistance cluded it on Schedule I:			Your ex	penses
4.		or home owners and any rent for th		nses for your residence. or lot.	Include first mortgag	e 4.	\$	1,088.00
	If not includ	led in line 4:						
	4a. Real e	estate taxes				4a.	\$	0.00
		rty, homeowner's	s, or renter	's insurance		4b.	·	0.00
				upkeep expenses		4c.	·	0.00
E		owner's associat		dominium dues <b>our residence.</b> such as ho	omo oquitu locas	4d. 5.	· ·	0.00
O.	Augunonal f	nortuaue DavM	ents for Vi	our r <b>esidence</b> , such as no	nne eddily loans	ວ.	an a	u uu

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ebtor 1 Br	enda Sue Lauer-Bursch	Case number (if known)	19-02329
. Utilities:			
	ectricity, heat, natural gas	6a. \$	181.00
	ater, sewer, garbage collection	6b. \$	100.00
	lephone, cell phone, Internet, satellite, and cable services	6c. \$	285.00
	her. Specify:	6d. \$	0.00
	d housekeeping supplies	7. \$	400.00
	e and children's education costs	8. \$	0.00
	, laundry, and dry cleaning	9. \$	50.00
_	l care products and services	10. \$	
	•	· <u> </u>	0.00
	and dental expenses	11. \$	125.00
•	rtation. Include gas, maintenance, bus or train fare. clude car payments.	12. \$	150.00
	nment, clubs, recreation, newspapers, magazines, and books	13. \$	0.00
	le contributions and religious donations	14. \$	
	•	14. ψ	0.00
5. <b>Insuranc</b>	clude insurance deducted from your pay or included in lines 4 or 20.		
	e insurance	15a. \$	0.00
	ealth insurance	15b. \$	0.00
	hicle insurance	15c. \$	141.00
		· —	
	her insurance. Specify:	15d. \$	0.00
	o not include taxes deducted from your pay or included in lines 4 or 20.	4C	0.00
Specify:		16. \$	0.00
	ent or lease payments:	47o ¢	202.00
	r payments for Vehicle 1	17a. \$	292.00
	r payments for Vehicle 2	17b. \$	0.00
	her. Specify:	17c. \$	0.00
	her. Specify:	17d. \$	0.00
	ments of alimony, maintenance, and support that you did not report		0.00
	d from your pay on line 5, Schedule I, Your Income (Official Form 106)		
_	yments you make to support others who do not live with you.	\$	0.00
Specify:		19.	
	al property expenses not included in lines 4 or 5 of this form or on Sc		0.00
	ortgages on other property	20a. \$	0.00
	eal estate taxes	20b. \$	0.00
	operty, homeowner's, or renter's insurance	20c. \$	0.00
20d. Ma	aintenance, repair, and upkeep expenses	20d. \$	0.00
20e. Ho	meowner's association or condominium dues	20e. \$	0.00
. Other: S	pecify:	21. +\$	0.00
	e your monthly expenses		2 2 4 2 2 2
	lines 4 through 21.	\$	2,812.00
22b. Cop	y line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2	2 \$	
22c. Add	line 22a and 22b. The result is your monthly expenses.	\$	2,812.00
Calculati	o your monthly not income		
	e your monthly net income.	23a. \$	0.507.00
	py line 12 (your combined monthly income) from Schedule I.	·	3,537.00
23b. Co	py your monthly expenses from line 22c above.	23b\$	2,812.00
00 = 0	han a transport of the control of th		
	btract your monthly expenses from your monthly income.	23c. \$	725.00
1 h	e result is your monthly net income.	200. ψ	1 20.00
4 Do you o	expect an increase or decrease in your expenses within the year after	you file this form?	
	ble, do you expect to finish paying for your car loan within the year or do you expect y		ease or decrease because of
	on to the terms of your mortgage?	aorigago paymoni to more	sace of accidate because of
■ No.			
— INO.	Explain here:		

Fill in this inform	nation to identify your	case:			
Debtor 1	Brenda Sue Laue	er-Bursch			
	First Name	Middle Name	Last Name	_	
Debtor 2	First Name	Middle Name	Last Name		
(Spouse if, filing)	riist name				
United States Ba	nkruptcy Court for the:	SOUTHERN DISTRICT	Γ OF IOWA		
Case number	19-02329				
(if known)					☐ Check if this is an
					amended filing
Official Farm	- 400D				
Official Forn					
Declarat	ion About a	an Individual	l Debtor's S	Schedules	12/15
obtaining money years, or both. 18		in connection with a ban			ement, concealing property, or 00, or imprisonment for up to 20
Did you pa	y or agree to pay some	eone who is NOT an atto	rney to help you fill o	ut bankruptcy forms?	
■ No					
☐ Yes. N	lame of person			Attach Ban	kruptcy Petition Preparer's Notice,
_	·			Declaration	n, and Signature (Official Form 119)
	lty of perjury, I declare e true and correct.	e that I have read the sun	nmary and schedules	filed with this declaration	on and
X /s/ Brei					
	nda Sue Lauer-Burs	ch	x		

Date

Date **October 25, 2019** 

Fill	in this inform	mation to identify you	r case:			
De	btor 1	Brenda Sue Lau	er-Bursch			
_		First Name	Middle Name	Last Name		
	btor 2 ouse if, filing)	First Name	Middle Name	Last Name		
Un	ited States Ba	nkruptcy Court for the:	SOUTHERN DISTRICT C	DF IOWA		
Ca	se number	19-02329				
	nown)	19-02329				heck if this is an mended filing
~	··· · · -	407				-
	ficial Fo	-	Affairs for Individ	duals Filing for B	ankruptcy	4/19
					equally responsible for sup	
info	rmation. If m	nore space is needed,	attach a separate sheet to		additional pages, write you	
nun	nber (if know	n). Answer every ques	stion.			
Pa	rt 1: Give I	Details About Your Ma	rital Status and Where You	Lived Before		
1.	What is you	r current marital statu	s?			
	☐ Married	l				
	■ Not ma	rried				
2.	During the I	ast 3 years, have you	lived anywhere other than	where you live now?		
	■ No					
	_	st all of the places you l	ived in the last 3 years. Do no	ot include where you live now	<i>'</i> .	
	Debtor 1 Pr	rior Address:	Dates Debtor 1 lived there	Debtor 2 Prior Ad	dress:	Dates Debtor 2 lived there
3. stat					ity property state or territory co, Texas, Washington and W	
	_	, , , , , , , , , , , , , , , , , , , ,	,,		, ·, · ·	,
	■ No □ Yes. Ma	aka aura yau fill aut Sak	andula H. Vaur Cadabtara (Ot	ficial Form 106H)		
		ake sure you iiii out <i>scr</i>	nedule H: Your Codebtors (Of	ilciai Foitii 100H).		
Pa	rt 2 Expla	in the Sources of You	r Income			
4.	Fill in the tota	al amount of income yo	nployment or from operatin u received from all jobs and a have income that you receive	all businesses, including part-		ndar years?
	□ No					
		I in the details.				
		The trib dotaile.				
			Debtor 1	One are imposited	Debtor 2	One are in a sure
			Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Sources of income Check all that apply.	Gross income (before deductions and exclusions)
		of current year untiled for bankruptcy:	■ Wages, commissions, bonuses, tips	\$49,233.00	☐ Wages, commissions, bonuses, tips	
			☐ Operating a business		☐ Operating a business	

Official Form 107

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Debtor 1 Brenda Sue Lauer-Bursch

				Debtor 1					Debtor 2		
					of income that apply.	(befo	ss income are deductions a asions)		Sources of ind Check all that a		Gross income (before deductions and exclusions)
	r last calen anuary 1 to	•	31, 2018 )	■ Wages	ges, commissions, \$60,145.00 es, tips			☐ Wages, con bonuses, tips	nmissions,		
				☐ Operat	ing a business				☐ Operating a	business	
	r the calend nuary 1 to			■ Wages	, commissions, tips		\$51,612		☐ Wages, con bonuses, tips	nmissions,	
				☐ Operat	ing a business				☐ Operating a	business	
5.	Include include and other winnings.  List each s	come regard public bene If you are fil	lless of wheth fit payments; ing a joint cas he gross inco	ner that inco pensions; re se and you h		amples o rest; divi	of other income dends; money o ived together, li	are alim collected st it only	d from lawsuits; y once under D	royalties; and ebtor 1.	ecurity, unemployment, d gambling and lottery
				Debtor 1					Debtor 2		
				Sources of Describe b		each (befo	s income from source are deductions a asions)	1	Sources of ind Describe below		Gross income (before deductions and exclusions)
					re You Filed for						
6.	Are either No.	Neither De	ebtor 1 nor E	Debtor 2 has	marily consume s primarily consu amily, or househo	umer de	bts. Consumer	debts a	re defined in 11	I U.S.C. § 101	(8) as "incurred by an
		□ No.	90 days befo	•	for bankruptcy, di	id you pa	ay any creditor a	a total o	f \$6,825* or mo	ore?	
		☐ Yes	paid that cr not include	editor. Do ne payments to		nts for do his bank	omestic support ruptcy case.	obligati	ons, such as cl	hild support a	ne total amount you and alimony. Also, do
	■ Yes.				primarily consu for bankruptcy, di			a total o	f \$600 or more	?	
		□ No.	Go to line 7	7.							
		■ Yes	include pay		• • • • • • • • • • • • • • • • • • • •						creditor. Do not nclude payments to an
	Creditor'	s Name and	d Address		Dates of payme	ent	Total amour		Amount you still owe	Was this p	ayment for
			er Services		\$292.00 paid	each	\$876.0		\$7,471.00	☐ Mortgag	je
	MAC T9 PO Box Irving, T				of the past 3 months					■ Car □ Credit C □ Loan Re □ Supplier □ Other_	

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Debtor 1 Brenda Sue Lauer-Bursch

7.	<i>Insiders</i> include your relatives; any general p of which you are an officer, director, person in	truptcy, did you make a payment on a debt you owed anyone who was an insider? ral partners; relatives of any general partners; partnerships of which you are a general part on in control, or owner of 20% or more of their voting securities; and any managing agent, tor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support of the control of the c		al partner; corporations gent, including one for		
	Insider's Name and Address	Dates of payment	Total amount	Amount you	Reason for	this payment
8.	Within 1 year before you filed for bankrup insider? Include payments on debts guaranteed or co		paid ments or transfer an	still owe	ccount of a d	ebt that benefited an
	■ No					
	Yes. List all payments to an insider Insider's Name and Address	Dates of navment	Total amount	Amount you	Posson for	this navment
	insider 5 Name and Address	Dates of payment	paid	Amount you still owe	Include cred	this payment litor's name
Par	t 4: Identify Legal Actions, Repossession	ns, and Foreclosures				
9.	Within 1 year before you filed for bankrupt List all such matters, including personal injury modifications, and contract disputes.  No Yes. Fill in the details.					
	Case title Case number	Nature of the case	Court or agency		Status of the case	
	MTGLQ Investors vs Brenda Bursch et al EQCV 083706	Foreclosure	Polk County Dist Des Moines, IA	trict Court	☐ Pending ☐ On appe ☐ Conclud	eal
					Decree	
10.	Within 1 year before you filed for bankrup Check all that apply and fill in the details belo  ☐ No. Go to line 11.  ☐ Yes. Fill in the information below.  Creditor Name and Address		erty repossessed, for	eclosed, garnis	hed, attached	Value of the
		Explain what happened				property
	Selene Finance PO Box 421517 Houston, TX 77242	1134 Cummins Pkwy Polk County Lot 87 (except the W Brookline Heights, a included in and form Des Moines, Polk Co	lest 205 feet) in In official plat, now ing a part of the C	,	ary 2019	\$228,000.00
		property acquired in November				
		☐ Property was repossessed.				
		Property was foreclos				
		☐ Property was garnish				
		☐ Property was attached	a, seizea or leviea.			

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		Document	raut 21	01 34	
Debtor 1	Brenda Sue Lauer-Bursch		3	Case number (if known)	19-02329

11.	Within 90 days before you filed for bankrup accounts or refuse to make a payment bed No ☐ Yes. Fill in the details.	etcy, did any creditor, including a bank or financial ins ause you owed a debt?	stitution, set off any a	amounts from your
	Creditor Name and Address	Describe the action the creditor took	Date action was taken	Amount
12. Par	court-appointed receiver, a custodian, or a  ■ No □ Yes	cy, was any of your property in the possession of an another official?	assignee for the bene	efit of creditors, a
13.	■ No	tcy, did you give any gifts with a total value of more t	han \$600 per person	?
	Yes. Fill in the details for each gift.  Gifts with a total value of more than \$600 per person	Describe the gifts	Dates you gave the gifts	Value
4.4	Person to Whom You Gave the Gift and Address:		d velve of more than	### ##################################
14.	■ No □ Yes. Fill in the details for each gift or cor	tcy, did you give any gifts or contributions with a tota tribution.	al value of more than	\$600 to any charity?
	Gifts or contributions to charities that tot more than \$600 Charity's Name Address (Number, Street, City, State and ZIP Code)	al Describe what you contributed	Dates you contributed	Value
Par	6: List Certain Losses			
15.	Within 1 year before you filed for bankrupt or gambling?	ey or since you filed for bankruptcy, did you lose any	thing because of the	t, fire, other disaster,
	■ No □ Yes. Fill in the details.			
	how the loss occurred	escribe any insurance coverage for the loss clude the amount that insurance has paid. List pending surance claims on line 33 of Schedule A/B: Property.	Date of your loss	Value of property lost
Par	7: List Certain Payments or Transfers			
16.	consulted about seeking bankruptcy or pro	cy, did you or anyone else acting on your behalf pay or paring a bankruptcy petition? parers, or credit counseling agencies for services require	,, ,	rty to anyone you
	<ul><li>□ No</li><li>■ Yes. Fill in the details.</li></ul>			
	Person Who Was Paid Address Email or website address Person Who Made the Payment, if Not You	Description and value of any property transferred	Date payment or transfer was made	Amount of payment
	Jankins Law Firm 700 2nd Ave Suite 103 Des Moines, IA 50309 mikej572@hotmail.com	Attorney Fees	October 3, 2019	\$1,500.00

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Debtor 1 Brenda Sue Lauer-Bursch

Case number (if known) 19-02329 17. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone who promised to help you deal with your creditors or to make payments to your creditors? Do not include any payment or transfer that you listed on line 16. No Yes. Fill in the details. Date payment Person Who Was Paid Description and value of any property Amount of **Address** transferred or transfer was payment made Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs? Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property). Do not include gifts and transfers that you have already listed on this statement. Nο Yes. Fill in the details. Person Who Received Transfer Description and value of Describe any property or Date transfer was property transferred payments received or debts Address made paid in exchange Person's relationship to you 19. Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a beneficiary? (These are often called asset-protection devices.) Yes. Fill in the details. Name of trust Description and value of the property transferred **Date Transfer was** made Part 8: List of Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred? Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions. No Yes. Fill in the details. Name of Financial Institution and Last 4 digits of Type of account or Date account was Last balance account number Address (Number, Street, City, State and ZIP instrument closed, sold. before closing or Code) moved, or transfer transferred 21. Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables? Yes. Fill in the details. п Name of Financial Institution Who else had access to it? Describe the contents Do you still Address (Number, Street, City, have it? Address (Number, Street, City, State and ZIP Code) State and ZIP Code) 22. Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy?

☐ Yes. Fill in the details.

Name of Storage Facility Address (Number, Street, City, State and ZIP Code) Who else has or had access to it?

Address (Number, Street, City, State and ZIP Code)

Describe the contents

Do you still have it?

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Debtor 1 Brenda Sue Lauer-Bursch

Par	t 9: Identify Property You Hold or Control for	Someone Else					
23.	Do you hold or control any property that some for someone.	one else owns? Include any prope	rty you borrowed from, are storing	for, or hold in trust			
	No						
	Yes. Fill in the details.		- " .				
	Owner's Name Address (Number, Street, City, State and ZIP Code)	Where is the property? (Number, Street, City, State and ZIP Code)	Describe the property	Value			
Par	t 10: Give Details About Environmental Inform	nation					
For	the purpose of Part 10, the following definitions	s apply:					
	Environmental law means any federal, state, or toxic substances, wastes, or material into the a regulations controlling the cleanup of these su	air, land, soil, surface water, groun	- ·				
	Site means any location, facility, or property as to own, operate, or utilize it, including disposal	•	law, whether you now own, operat	e, or utilize it or used			
	Hazardous material means anything an enviror hazardous material, pollutant, contaminant, or		s waste, hazardous substance, tox	ic substance,			
Rep	ort all notices, releases, and proceedings that y	ou know about, regardless of whe	n they occurred.				
24.	Has any governmental unit notified you that yo	ou may be liable or potentially liable	e under or in violation of an enviror	nmental law?			
	■ No □ Yes. Fill in the details.						
	Name of site Address (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State an ZIP Code)	Environmental law, if you know it	Date of notice			
25.	Have you notified any governmental unit of any release of hazardous material?						
	■ No □ Yes. Fill in the details.						
	Name of site Address (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State an ZIP Code)	Environmental law, if you know it	Date of notice			
26.	Have you been a party in any judicial or admini	istrative proceeding under any env	rironmental law? Include settlemen	ts and orders.			
	■ No □ Yes. Fill in the details.						
	Case Title Case Number	Court or agency Name Address (Number, Street, City, State and ZIP Code)	Nature of the case	Status of the case			
Par	t 11: Give Details About Your Business or Cor	nnections to Any Business					
27.	Within 4 years before you filed for bankruptcy,	did you own a business or have a	ny of the following connections to	any business?			
	☐ A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time						
	☐ A member of a limited liability company (LLC) or limited liability partnership (LLP)						
	☐ A partner in a partnership						
	☐ An officer, director, or managing execu	itive of a corporation					
	☐ An owner of at least 5% of the voting or equity securities of a corporation						

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Debtor 1 Brenda Sue Lauer-Bursch

No. None of the above applies. Go to Part 12.					
Yes. Check all that apply above and fill in the details below for each business.					
Business Name Address (Number, Street, City, State and ZIP Code)	Describe the nature of the business  Name of accountant or bookkeeper	Employer Identification number Do not include Social Security number or ITIN.  Dates business existed			
Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties.					
■ No □ Yes. Fill in the details below.					
Name Address (Number Street City State and ZIR Code)	Date Issued				

28.

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Debtor 1 Brenda Sue Lauer-Bursch

Part 12: Sign Below			
are true and correct. I ur	derstand that making a can result in fines up to	•	nd I declare under penalty of perjury that the answers or obtaining money or property by fraud in connection ) years, or both.
/s/ Brenda Sue Lauer	-Bursch		
Brenda Sue Lauer-Bu Signature of Debtor 1	ırsch	Signature of Debtor 2	
Date October 25, 20	19	Date	
Did you attach additiona ■ <sub>No</sub> □ Yes	I pages to <i>Your Statem</i>	ent of Financial Affairs for Individuals I	Filing for Bankruptcy (Official Form 107)?
Did you pay or agree to No	pay someone who is no	ot an attorney to help you fill out bankru	iptcy forms?
☐ Yes. Name of Person	. Attach the Bankri	uptcv Petition Preparer's Notice. Declaration	on, and Signature (Official Form 119).

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B2030 (Form 2030) (12/15)

## **United States Bankruptcy Court** Southern District of Iowa

In r	Brenda Sue Lauer-Bursch		Case No.	19-02329	
		Debtor(s)	Chapter	13	
	DISCLOSURE OF COM	PENSATION OF ATTORN	EY FOR DE	EBTOR(S)	
1.	Pursuant to 11 U .S.C. § 329(a) and Fed. Bankr. P. 2 compensation paid to me within one year before the be rendered on behalf of the debtor(s) in contemplat	filing of the petition in bankruptcy, or	agreed to be paid	to me, for service	
	For legal services, I have agreed to accept		\$2	200.00 per hour	
	Prior to the filing of this statement I have recei		\$	1,500.00	
	Balance Due		\$	0.00	
2.	The source of the compensation paid to me was:				
	✓ Debtor				
3.	The source of compensation to be paid to me is:				
	✓ Debtor				
4.	✓ I have not agreed to share the above-disclosed of	compensation with any other person unl	ess they are mem	bers and associate	es of my law firm.
	I have agreed to share the above-disclosed compopy of the agreement, together with a list of the				ny law firm. A
5.	In return for the above-disclosed fee, I have agreed	to render legal service for all aspects of	f the bankruptcy of	case, including:	
	<ul> <li>a. Analysis of the debtor's financial situation, and r</li> <li>b. Preparation and filing of any petition, schedules,</li> <li>c. Representation of the debtor at the meeting of cr</li> <li>d. [Other provisions as needed]</li> <li>Negotiations with secured creditors reaffirmation agreements and applice 522(f)(2)(A) for avoidance of liens or</li> </ul>	statement of affairs and plan which madeditors and confirmation hearing, and at to reduce to market value; exemplations as needed; preparation are	ay be required; any adjourned hea ption planning;	rings thereof;	nd filing of
6.	By agreement with the debtor(s), the above-disclose Representation of the debtors in any any other adversary proceeding.	d fee does not include the following se dischargeability actions, judicia	rvice: I lien avoidanc	es, relief from s	stay actions or
		CERTIFICATION			
this	I certify that the foregoing is a complete statement obankruptcy proceeding.	of any agreement or arrangement for pa	yment to me for r	epresentation of th	ne debtor(s) in
_	Date	Michael L Jankins A	T0003918		
		Signature of Attorney			
		Jankins Law Firm 700 2nd Ave Suite 1	03		
		Des Moines, IA 5030	)9		
		515-255-1855 mikej572@hotmail.d	om		
		Name of law firm	· · · · ·		

### **United States Bankruptcy Court** Southern District of Iowa

In re	Brenda Sue Lauer-Bursch		Case No.	19-02329	
		Debtor(s)	Chapter	13	

### VERIFICATION OF MASTER ADDRESS LIST ON PAPER (CREDITOR MATRIX)

	I (we) declare under penalty	of perjury that I (we) have read the attached Master Address
	List (creditor matrix), consisting of _	1 pages, and that it is true and correct to the best of my
	(our) knowledge, information, and be	elief.
Date:	October 25, 2019	/s/ Brenda Sue Lauer-Bursch
		Brenda Sue Lauer-Bursch
		Signature of Debtor

VER\_MTRX (Rev. 04/00)

Benjamin Hopkins Attorney at Law 1350 N.W. 138th St. Suite 100 Clive, IA 50325

Consumer Portfolio Services Asset Recovery Dept Attn Bankruptcy PO Box 57071 Irvine, CA 92619

Internal Revenue Service PO Box 7346 Philadelphia, PA 19101-7346

Internal Revenue Service Insolvency Unit 210 Walnut St Stop 5301 Des Moines, IA 50309

Kohls PO Box 2983 Milwaukee, WI 53201

LifePoint Dental Group C/O Abbott, Osborn, Van Vliet 974 73rd St Suite 20 Windsor Heights, IA 50324

NCCI 14 Orchard Rd, Suite 100 Lake Forest, CA 92630

Selene Finance PO Box 421517 Houston, TX 77242

TruGreen C/O Transworld Systems 500 Virginia Dr Suite 514 Fort Washington, PA 19034

U.S. Attorney 110 E Court Ave Rm 286 Des Moines, IA 50309

Wells Fargo Dealer Services MAC T9017-026 PO Box 168048 Irving, TX 75016